

WISCONSIN WIC REQUEST FOR MEDICAL FORMULA/FOOD: Infants and Children

All requests are subject to WIC approval and provisions based on program policy and procedures.
Please fax or email this completed form to the WIC clinic or have your patient return it to their WIC clinic.

Patient's Full Name _____ Birthdate (MM/DD/YY) _____

Parent/Caregiver's First and Last Name _____

Clinical Data (optional for WIC referrals)	Weight: _____ Date: _____	Length/Height: _____ Date: _____	Gestational Age at Birth in weeks: _____	Birth Weight: _____	Birth Length: _____
	Hgb: _____ g/dL or Hct: _____% Date: _____		Lead: _____ mcg/dL Date: _____		

I. Qualifying Medical Condition *required*

Symptoms such as constipation, diarrhea, spitting up, milk/formula intolerance, fussiness, gas, or picky eating are **not** considered acceptable medical diagnoses and will not be approved by WIC for issuance of a medical formula. WIC **cannot** provide formula to enhance nutrient intake or manage body weight without underlying medical conditions.

- | | |
|---|--|
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> Metabolic disorder/inborn errors of metabolism (specify) _____ |
| <input type="checkbox"/> Low birth weight | <input type="checkbox"/> Malabsorption syndromes (specify) _____ |
| <input type="checkbox"/> Failure to thrive due to _____ | <input type="checkbox"/> Gastrointestinal disorder _____ |
| <input type="checkbox"/> Severe food allergies (specify) _____ | <input type="checkbox"/> Gastroesophageal Reflux Disease |
| <input type="checkbox"/> Immune system disorder (specify) _____ | <input type="checkbox"/> Other medical condition that impairs nutrition status (specify) _____ |

II. Requested Medical Formula *required*

A. Infant Formula: birth to 12 months

- | | | |
|--|---|--|
| <input type="checkbox"/> EleCare Infant DHA/ARA | <input type="checkbox"/> Gerber Extensive HA | <input type="checkbox"/> Similac Alimentum |
| <input type="checkbox"/> Enfamil AR <i>only for GERD</i> | <input type="checkbox"/> Neocate Infant DHA/ARA | <input type="checkbox"/> Similac NeoSure <i>only for prematurity</i> |
| <input type="checkbox"/> Enfamil NeuroPro EnfaCare <i>only for prematurity</i> | <input type="checkbox"/> Nutramigen w/Enflora LGG | <input type="checkbox"/> Similac PM 60/40 |
| <input type="checkbox"/> Enfamil Pregestimil | <input type="checkbox"/> Nutramigen | |

Children Formula/Medical Foods: 1 to 4 year olds (*checked in list above, or from the following :*)

Gerber Good Start: ☐ Gentle ☐ Soy ☐ Neocate: ☐ Jr. ☐ Splash ☐ PediaSure: ☐ Grow & Gain ☐ 1.5 Cal
Soothe ☐ Elecare Jr. ☐ Peptide 1.0 Cal

B. Requested amount: _____ ounces/day

WIC's monthly max amounts may not meet patient's full needs, see: www.dhs.wisconsin.gov/wic/professionals.htm.

C. Intended length of use: ☐ 1 month ☐ 3 months ☐ 6 months ☐ _____ months (*not to exceed 12 months*)

III. Special Instructions

IV. Contraindicated Supplemental Foods

Starting at 6 months of age, WIC provides supplemental foods. The WIC RD will assess unless indicated.

- ☐ Patient requires food restrictions based on medical condition (provider MUST complete the following):
- ☐ ≥ 6 months cannot tolerate solid food: provide formula only
 - ☐ ≥ 12 months cannot tolerate solid foods: provide jarred baby fruits and vegetables in lieu of fruit and vegetable benefit
 - ☐ ≥ 24 months, whole milk, only in combination with medical formula and medical diagnosis
 - ☐ OMIT the following food (s) based on medical condition:
Infants (6-11 months): ☐ Infant cereal ☐ Infant f/v ☐ Infant meats ☐ Fresh f/v (9-11 months)
Children (≥12 months): ☐ Dairy foods ☐ Whole grains ☐ Cereal ☐ Juice ☐ Peanut butter
☐ Beans ☐ Eggs ☐ Fruits and vegetables

V. Health Care Provider Information *required*

SIGNATURE – Health Care Provider (MD, DO, PA, ARNP)

Date Signed

Printed Name of Health Care Provider:

Medical Office/Clinic:

Telephone Number:

Fax Number:

Local WIC Project Name, Phone Number, Fax Number

WIC USE ONLY

☐ Approved ☐ Not Approved

By: _____

Date: _____

Date new request needed: _____

Nondiscrimination statement available at: www.dhs.wisconsin.gov/wic

Instructions

Use this form to request medical formulas, WIC-Eligible Nutritionals, WIC-contracted standard formulas for infants unable to tolerate solid foods, and supplemental foods for patients with qualifying medical conditions. If you have questions or need additional clarification, please contact the WIC agency where your patient is receiving WIC benefits. A directory of Wisconsin WIC agencies can be found at: www.dhs.wisconsin.gov/WIC/local-projects.htm

A WIC Registered Dietitian Nutritionist (RDN) reviews and fills requests for formulas and supplemental foods according to federal regulations and Wisconsin WIC program policies and procedures. WIC may require additional documentation for request approval if diagnoses are missing, incomplete, non-specific, or inconsistent with anthropometric data. A WIC RDN may contact you if further clarification is needed.

RENEWAL OF THIS FORM IS REQUIRED PERIODICALLY

Client information: Print first and last name, date of birth, and name of parent/caregiver.

Clinical data: Optional, but completion is recommended if the information will support the formula request, needed for a WIC appointment, or to be used as a referral for an infant or child to WIC.

- WIC measures heights and weights on participants to monitor their growth. Copies of the growth charts used by WIC can be found at cdc.gov/growthcharts.
- Hemoglobin, hematocrit, or lead levels taken in clinic may be shared to decrease repetition at WIC appointment.

The following sections are required to be completed by health care provider to request WIC medical formula.

I. Qualifying Medical Condition: select one or more of the described medical diagnoses or "other medical condition that impairs nutrition status" and specify diagnoses. ICD codes are not required.

Special formulas and medical foods cannot be provided by WIC solely for the purpose of enhancing nutrient intake or managing body weight.

Pediatric beverages cannot be issued solely for the following: a child refuses to take a multivitamin; a child has picky eating; a child is underweight, but is not diagnosed as having failure to thrive, and the diet can be managed using regular foods; a child is assessed to be at risk for, or is overweight; or a child is assessed to be at an average Body Mass Index.

II. Requested Medical Formula:

- A. Infant Formula/Child Formula: Select the requested formula. All Wisconsin WIC approved formulas are listed on the form. For additional formula information, go to www.dhs.wisconsin.gov/wic/professionals.htm.
- B. Requested amount: Specify amount required in ounces/day. Ranges are allowed. WIC max, ad lib, and as tolerated are not acceptable. View the maximum amount WIC is able to provide on the Wisconsin website www.dhs.wisconsin.gov/wic/professionals.htm.
- C. Intended length of use: Check the number of months, or write in a time frame not to exceed 12 months.

III. Special Instruction: Include details of relevant medical conditions, allergies, formula history, feeding plan, etc.

IV. Contraindicated Supplemental Foods: Complete for all patients who require additional food restrictions. WIC provides supplemental foods starting at 6 months of age. If this section is left blank, the WIC RD will assess.

V. Health Care Provider Information: Licensed health care provider must sign and date. This can include physician, physician assistant, and advanced practice certified nurse prescriber such as a nurse practitioner and certified nurse midwives who have obtained certification in order to prescribe. Contact information may be printed or stamped and must be legible.

We appreciate your cooperation and partnership in serving the Wisconsin WIC population.